



**From Barriers to Breakthroughs:**

# **Women's Leadership Journeys in Indian Healthcare Organizations**

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### **About Us**

The International Center for Research for Women (ICRW) is a global research institute with regional hubs in Washington D.C., United States; New Delhi, India; Kampala, Uganda; and Nairobi, Kenya. Established in 1976, ICRW conducts research to identify practical, actionable solutions to advance the economic and social status of women and girls around the world.

ICRW Asia works in several countries in Asia, including India, on a range of issues such as access to education and livelihoods, adolescent empowerment, gender-based violence, masculinities, gender inequitable attitudes, HIV prevention, and violence against women and girls.

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### **Authors and Acknowledgments**

Authors: Radhika Uppal, Shabih Anwer, Ravi Verma and Sapna Kedia

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# Contents

<b>Executive Summary</b>	<b>5</b>
<b>Section 1. Introduction</b>	<b>8</b>
<b>Section 2. Research Approach</b>	<b>10</b>
<b>Section 3. Conceptual Framework</b>	<b>11</b>
<b>Section 4. Methodology : Data Collection Methods and Limitations</b>	<b>12</b>
4.1 Research Methodology: Data Collection Methods	12
4.2 Limitations	14
4.3 Ethical Procedures	14
4.4 Data security and storage	14
<b>Section 5. Organizational Analysis: Findings</b>	<b>15</b>
5.1 Distribution of Women within the Workforce	15
5.2 Availability of Workplace Policies	18
5.3 Factors affecting women’s advancement to leadership roles: Barriers & Enablers	20
5.3.1 Individual Factors	20
5.3.2 Interpersonal Factors	21
5.3.3 Organizational Factors	23
5.3.4 Structural Factors	31
5.3.5 Normative Factors	32
<b>Section 6. Discussion</b>	<b>36</b>
<b>Section 7. Key Recommendations</b>	<b>39</b>



# List of Abbreviations

ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
CCL	Child Care Leave
DEI	Diversity, Equity, Inclusion
GH5050	Global Health 50/50
ICRW	International Center for Research on Women
IDI	In-Depth Interview
INGO	International Non-Governmental Organization
IRB	Institutional Review Board
KII	Key Informant Interview
LMIC	Low- and Middle-Income Countries
NGO	Non-Governmental Organization
NSSO	National Sample Survey Office
POSH	Prevention of Sexual Harassment at Workplace Act
SME	Subject Matter Expert
SRH	Sexual and Reproductive Health
WHO	World Health Organization

# Executive Summary



**G**lobally, health sectors are characterized by an under-representation of women in leadership positions, limiting their ability to contribute equally to the sector, impacting their career progression and the progress towards sustainable gender equality goals. Gender equitable leadership, an important principle of rights-based gender justice for women in the workforce, arises from equitable career structures and opportunities. Women entering the health workforce have the right to opportunities for equitable career progression, including leadership positions.

Through this study on *Women in Leadership*, we seek to expand the evidence base for advancing women's leadership and influence in health sector organizations in India. The study examines the career pipeline for women in the health sector, assesses the unique barriers and challenges women face in accessing equal opportunities for career growth, and analyses opportunities and measures that can support women to participate equally in the health workforce and advance to leadership positions.

Women's lived realities are influenced by intertwined factors operating at the level of family, organizations, systems/structures and norms. Therefore, a socio-ecological model is adopted to understand the determinants of women's careers in the health sector. The model states that an individual, embedded in a network of systems and culture, influences and is influenced by their surrounding environmental factors and social structures. Therefore, factors at the individual, interpersonal, organizational, structural, and normative levels were examined to study their impact on women's careers. The study sample included 19 organizations working on health — five International Non-Governmental

Organizations (INGOs), five Non-Governmental Organizations (NGOs) in Uttar Pradesh (UP) and five NGOs in Bihar, two private sector organizations, and two autonomous bodies.<sup>1</sup>

Fifty-five interviews were conducted: seven key informant interviews (KIIs) with subject matter experts (SMEs) from the field of gender and health, 18 KIIs with heads of organizations and 30 in-depth interviews (IDIs) with mid to senior level employees from India. Workplace policies from eight organizations and workforce data from nine organizations respectively were analyzed. The analysis helped us understand measures adopted by organizations to promote gender equality and women's representation, distribution of women within the workforce in these organizations, and the contextual challenges and facilitators experienced by women when they move to leadership roles—or are blocked from doing so.

## Key Findings

- Gender discrimination and inequitable social norms operating at many levels, remain two of the most important causes of multiple and interlinked missed opportunities for women's leadership in India. Our research uncovered manifestations of these barriers at the level of individual, society, organizations, and structures. One prominent example includes norms around childcare, which is seen primarily as a woman's responsibility. The perceived inability of women to devote time and energy to their career due to responsibilities towards family and probability of relocation due to marriage were reported by participants as contributors to discrimination and bias in hiring.

<sup>1</sup> Autonomous bodies are set up by the government for a specific purpose. They are independent in their day-to-day functioning, but the government has some control and funds them either by supporting revenue expenditure, capital expenditure, or both.

- Structural factors such as legislation, like the Maternity Benefit (Amendment) Act (2017), play a critical role in creating gender inclusive workplaces. Though the Act has benefitted women, it also reinforces the idea of child care work as women's work. There is limited emphasis in the legal system on redistributing unpaid domestic and care burdens, which is likely to hinder women's entry, progression and retention in health sector occupations. In India, where women on an average spend 7.2 hours every day on unpaid care work while men only spend 2.8 hours<sup>i</sup>, inequalities pertaining to care and domestic work obligations, and the lack of gender inclusive parental laws tend to affect women's career opportunities.
- At the organizational level, participants shared that a positive work culture comprising supportive seniors, female supervisors who act as role models, and being heard through the provision of 'safe spaces,' has been helpful in career advancement. Gender inclusive policies such as flexible work, child care support, travel support, were reported to be beneficial for women. A key finding of the study was the participants' reflections concerning their supervisors. The participants have appreciated leaders and supervisors who have lent a listening ear, been flexible, understood personal constraints, provided opportunities for growth and learning, and served as mentors. The findings from the interviews indicate that the gender of the supervisor does not matter as much as the style of leadership. Leadership approaches embedded in principles of empathy, collaboration, accountability, and transparency were appreciated. Conversely, participants felt that prevalence of a work culture that allows, supports, or promotes aggression, competition, and traditional gender roles, often works to the disadvantage of women and reflects a 'masculine' style of working. Microaggression in the form of intrusive interruption, disregard of authority, limited decision-making power, and sexist comments have a pronounced adverse impact on women's experience at the workplace, and career growth.
- At the interpersonal level, the support received from employees' families played an important role in women's career trajectories. While supportive family structures enabled women to concentrate on their work and pursue their ambition, the lack of support proved to be an impediment, sometimes resulting in women forgoing leadership positions.
- At an individual level, women's self-confidence, passion, and pressure to prove themselves were some of the key factors affecting their career growth.

## Key Recommendations

- Evidence around women's career trajectories is limited and fragmented. Currently, gender disaggregated data in the health sector in India is scarce. This formative study highlights the importance of continuing to examine and build on research about women's career paths in the health sector. Publicly available gender-disaggregated data is essential for this endeavor.
- Domestic and care responsibilities was one of the frequently reported challenges in the study, necessitating a need to recognize and redistribute the unpaid care work burden. In-depth research on the challenges women face in re-joining the workforce after a break and evidence on interventions that work would be helpful to enable women's return to the labor market. Additionally, it is critical that men partake in care and household responsibilities, and adequate parental laws and policies exist to promote men's role in care work.
- An organization's leadership plays a critical role in institutionalizing policies, adopting informal practices, and developing an inclusive and equitable workplace culture. An executive leadership training program based on feminist values and principles would be helpful in building the capacity of senior and mid-management level leaders to create a positive work environment.
- Developing gender-inclusive toolkits for different categories of health sector organizations with supportive buy-in from the leadership teams can enable them to become more gender inclusive and promote women's leadership. These toolkits should contain recommended measures around gender equitable hiring practices, gender equitable policies such as care leave for all staff, creating women's fora, and a gender training framework to sensitize employees to gender norms and biases.

# Section 1. Introduction



**H**ealth sectors around the world are characterized by under-representation of women in leadership positions, significantly affecting their ability to contribute equally to the sector as well as progress towards gender equality goals. As per World Health Organization (WHO) data, women represent approximately 70 percent of those working in the health sector but hold only 25% of senior roles<sup>ii</sup>. Women make up the majority of people delivering health care across the world, including 90% of nurses in the 132 countries reporting sex-disaggregated workforce data but leadership positions are rarely held by nurses or women<sup>iii</sup>. The participation of women is, however, lower in spaces of decision-making, relative to their representation in the workforce. For example, 23% of heads of government delegations to the World Health Assembly in 2022 were women<sup>iv</sup>. An evaluation of 201 global health organizations by Global Health 5050 (GH5050) — an independent, evidence-driven initiative to advance action and accountability for gender equality in global health — found that 70 percent of CEOs and board chairs were men and just five percent of leaders were women from Low and Middle Income Countries (LMICs).<sup>v</sup> In India, although women account for 29% of medical doctors and 80% of

nursing staff, they hold merely 18% of leadership positions in the health care sector, earning 34% less than their male counterparts.<sup>vi</sup>

The health sector, globally as well as in India, is a vast aggregation of organizations engaged in service delivery, research, training, and regulation.

This field is guided and implemented by a diverse set of norms, organizations, and policies working at the international, regional, national, and local levels to advance equitable health outcomes. There is presence of both state-owned/controlled public sector organizations and privately owned/controlled organizations, which are either for profit or not-for-profit. In India, most estimates on the size and distribution of the health care workforce have been amassed from several sources including Census 2001 and 2011 data and various rounds of surveys by the National Sample Survey Office (NSSO). In India, women account for 80% of nurses, 37% of dentists, 29% of doctors and 13% of the AYUSH workforce (traditional & non-conventional health care) practitioners (Figure 1).<sup>vii</sup> Nearly 100% of Accredited Social Health Activists (ASHAs) who are a volunteer cadre, are women.

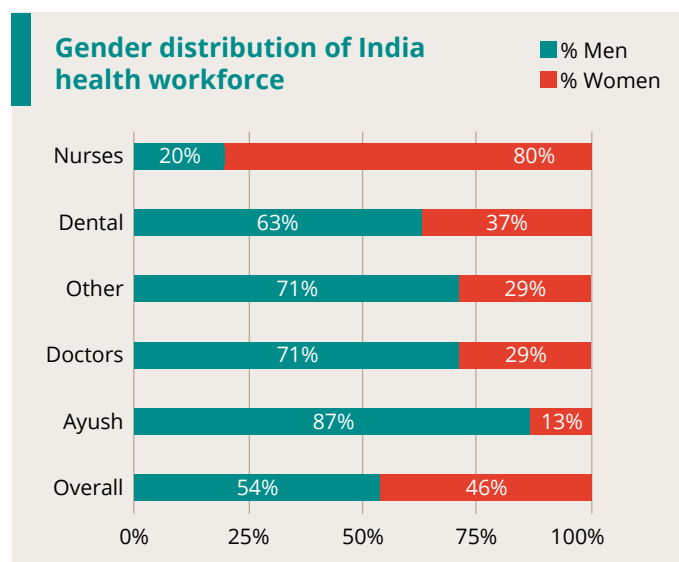
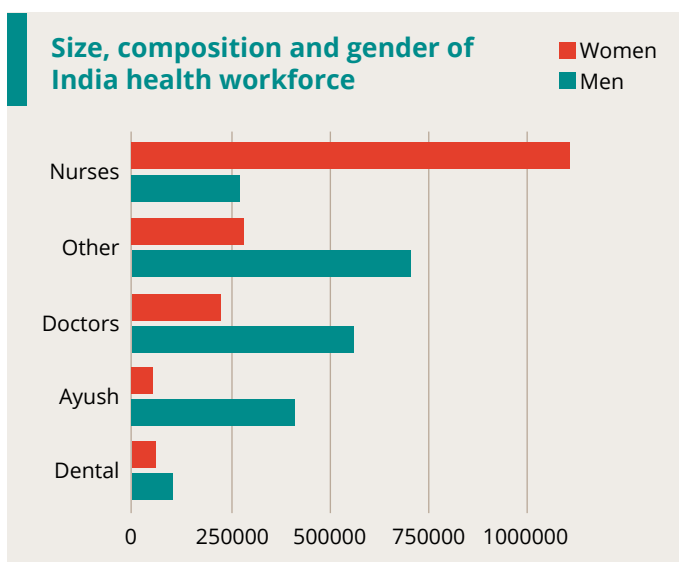


Figure 1: Size, composition, and gender of health workforce in India. Source: NSSO 2017-2018





Health sector a vast aggregation of different organizations

Estimates from a limited set of data sources reveal a starkly gendered health workforce in India, with men dominating all work streams except nursing and midwifery. Power differential exists between nurses and doctors, with nurses often excluded from decision-making bodies<sup>viii</sup> and facing limited career advancement opportunities<sup>ix</sup>. As the nursing workforce is predominantly female, this further limits their chances of moving up the career ladder. Even among women with technical education in medicine who could potentially move into leadership positions, 37% are out of the labor force, with around 60% of such women reported themselves engaged in household work<sup>x</sup>.

While there are some estimates of the gender-disaggregated health workforce, these are

limited and there is a significant lack of data on leadership positions within the health sector. It remains unclear which professional cadres rise to leadership roles, the career progression that makes it possible, and the proportion of women in these roles. Understanding these dynamics is crucial to advancing women into leadership positions in the health sector.

In this study, we have taken the position that gender equitable leadership (arising because of equitable career structures and opportunities) represents an important principle of rights-based gender justice for women in the workforce. People of all genders entering the health workforce have the right to opportunities for equitable career progression, including to leadership positions.

# Section 2. Research Approach



The *Women in Leadership in the Health Sector* study was a two-country study i.e., based out of India and Kenya, and involved partners in India, Kenya, and UK. This report focuses on findings from India. The study had the following three workstreams:

## Legal Review

As part of this workstream, a content analysis of national and state level (Uttar Pradesh and Bihar) legislations affecting women's career pathways within the health sector in India was conducted.

## Evidence Review

Under the workstream, a literature review was conducted to analyze the existing evidence for in/equality of opportunity for people's careers in the health sector in India and the enablers and barriers therein.

## Organizational Analysis

To build on existing evidence and understand factors that support or restrict women's careers, an organizational analysis was conducted. This entailed interviews with subject matter experts, organizational heads, HR managers, and women and men in mid-management or senior management from a select number of allied health sector organizations. Organizational policies and workforce data were also examined.

The report focuses on the organizational analysis conducted as part of the larger *Women in Leadership* study and not the other workstreams. The findings from the legal review workstream<sup>xi</sup> and evidence review workstream<sup>xii</sup> are being published as part of a BMJ special series.

## Research Aim

The primary aim of the organizational analysis was to examine the context and pipeline for advancing women's equitable representation in decision making processes and leadership, with

a particular focus on mid-career professionals in the health sector in India. Specifically, the study aimed to:

- Examine the career pipeline for women in the health sector in India
- Understand the unique enablers and barriers women face in accessing equal opportunities for career growth in the health sector in India
- Analyze opportunities and measures that can support women to participate equally in the health workforce and advance to leadership positions

## Section 3. Conceptual Framework



As women’s lived realities are not in isolation and they are intertwined and influenced by factors operating at the level of family, organizations, and structures, Bronfenbrenner’s socio-ecological model<sup>xiii</sup> was used to understand the determinants of women’s careers in the health sector in India. This model enables analysis of the interactions between the individual and their environment, as it recognizes that an individual affects and is affected by their external environment which determines their behavior and outcomes in life. The framework was adapted in this study to understand the complexities of a woman’s journey to advance in their careers, to identify and account for the various factors that impact women’s careers and capture the influence they have on the creation of a gender inclusive and equitable workplace.

As shown in Figure 2, the study examined factors at the individual, interpersonal, organizational, structural, and normative levels. At the individual level, it looked at passion, motivation, and commitment, and its influence on women’s careers. At the interpersonal level, it explored women’s relationships within their families and with extended family members, and the impact on their work. At the organizational level, the focus was on policies, practices, and culture within health sector organizations. At the structural level, the study analyzed national and state laws and policies related to women’s work lives. At the normative level, gender norms around household work, care responsibilities, and occupational segregation were considered. The study identifies barriers and enablers women face at each of these levels and examines their impact on women’s leadership journeys in India’s health sector.

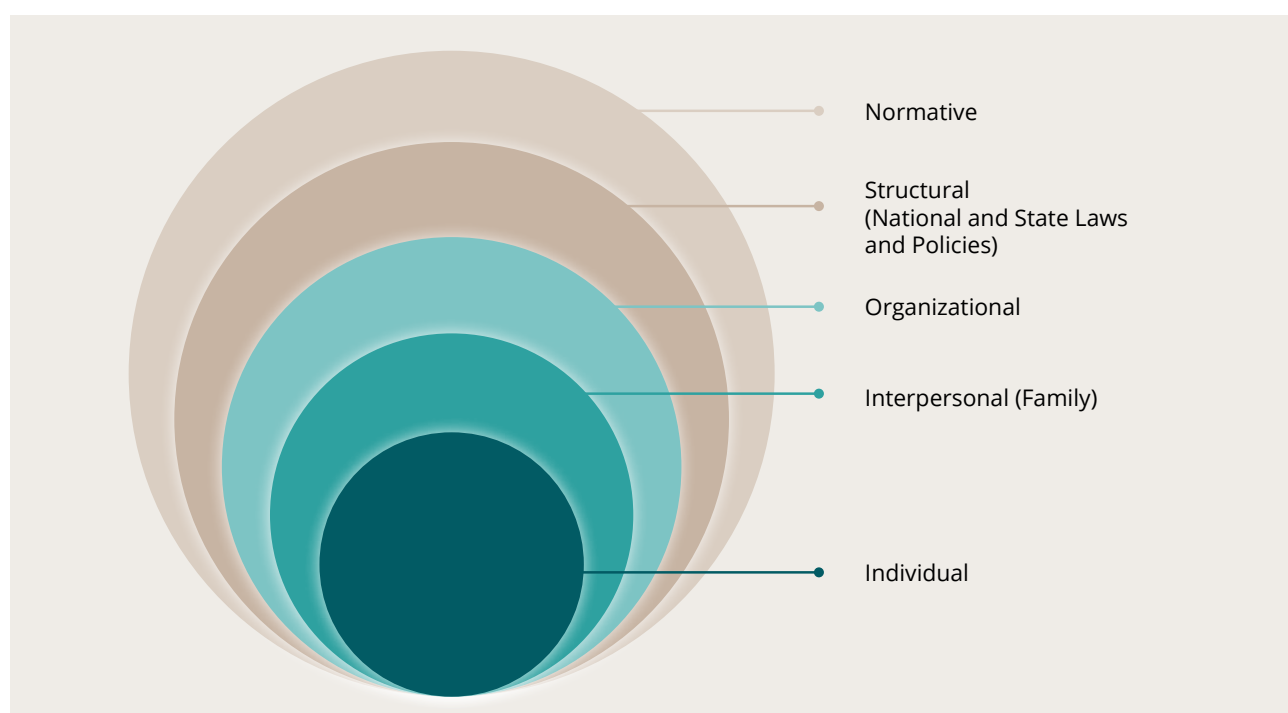


Figure 2: Conceptual framework based on Bronfenbrenner’s socio-ecological model

# Section 4.

## Methodology: Data Collection Methods and Limitations



### 4.1 Research Methodology: Data Collection Methods

**Inclusion criteria:** We define leadership as the ability to take decisions or influence decision making within a formal organizational set-up. We limit our study to formal health sector organizations and paid employees.

**Sample selection:** The health system in India is vast and heterogeneous. This study sample includes organizations working on research, policy advocacy, and training, with only one organization engaged in service delivery.

We began with identifying 25 organizations in the health sector in India—five NGOs in Bihar, five NGOs in UP, five INGOs, five private sector organizations, and five autonomous bodies. The NGOs were initially selected through a random sampling but we had to switch to purposive and snowballing due to non-responsiveness of some organizations. INGOs, private and autonomous organizations were selected through purposive sampling. Out of these 25 organizations, 19 agreed to be a part of the study. A detailed break up is presented in Figure 3.

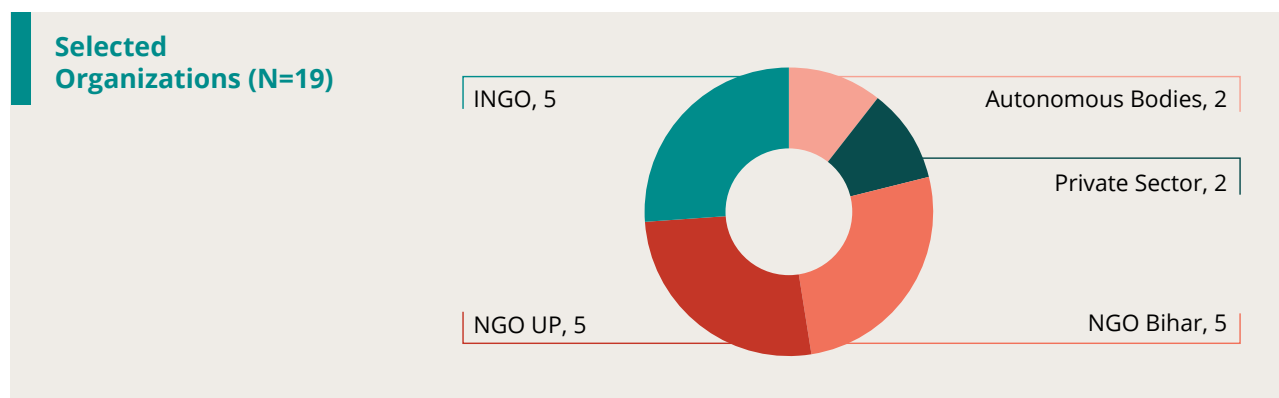


Figure 3: Sample of organizations

**Qualitative methods:** Primary qualitative data was collected through Key Informant Interviews (KIIs) with heads of organizations or Human Resource (HR) managers and In-depth Interview (IDIs) with men and women in mid-management or senior management positions to understand workplace policies and enablers, and barriers affecting women’s growth into leadership positions. The focus of the IDI with women was

to understand their own journey in taking on a leadership position and the focus of the IDI with men was to examine their perspective on the challenges women face to progress in their careers. The IDI sample was purposively selected according to years of experience to ensure a mix of senior and mid-level leaders. KIIs were also conducted with subject matter experts (SMEs), who have worked for two-three decades in

the space of gender and health to understand representation of women within the health sector and the challenges they face to advance in their careers. It included academicians, researchers, ex-bureaucrats, and CSO leaders.

Most KIIs and IDIs were conducted remotely. These were conducted in the preferred language of the research participants, which was either Hindi or English. After receiving consent from the participant, these interviews were recorded for transcription purposes. All interviews were transcribed in the language the interview was taken i.e., English interviews were transcribed in English and Hindi interviews were transcribed in Hindi. Guided by the conceptual framework of the socio-ecological model, the qualitative data was coded and arranged under sub-themes identified within each of the levels of analysis, i.e., individual, interpersonal, organizational, structural, and normative. This was analyzed on Atlas Ti Version 7.5.18.

**Review of workplace policies:** To understand the policy measures adopted by organizations to support the participation and advancement of women and marginalized groups in the health

sector workforce, workplace policy documents were requested and analyzed. Policies were gathered from three sources: those shared internally by organizations, those verbally communicated during interviews, and those available publicly. Only seven organizations had some policies accessible on their websites, while eight organizations provided their internal policy documents. The analysis is color-coded to differentiate the sources of information, categorizing them as publicly available, internally shared, or verbally shared during interviews.

**Workforce data:** Anonymized, gender disaggregated workforce data was requested from organizations to determine the gender distribution at each comparable level in an organization. Only 9 out of 19 organizations shared their workforce data. Additional analysis such as head of organization or head of the board was conducted using publicly available data on organization's website.

Not all organizations shared their policies and workforce data. A detailed break-down is given in Table 1.

**Table 1: Details of data collection**

Research Activity	Participant Type	Sample Size
KIIs	<ul style="list-style-type: none"> <li>Subject Matter Experts</li> <li>Heads of organizations or HR managers</li> </ul>	<ul style="list-style-type: none"> <li>7 (all women)</li> <li>18 (5 women, 13 men)</li> </ul>
IDIs	<ul style="list-style-type: none"> <li>Women and men in mid-management or senior management positions</li> </ul>	<ul style="list-style-type: none"> <li>30 (20 women and 10 men)</li> </ul>
Workplace policy analysis	<ul style="list-style-type: none"> <li>Selected organizations</li> </ul>	<ul style="list-style-type: none"> <li>19 (only 8 organizations shared internal policy documents, rest based on online information and verbally shared data)</li> </ul>
Workforce data analysis	<ul style="list-style-type: none"> <li>Selected organizations</li> </ul>	<ul style="list-style-type: none"> <li>All 19 organizations were asked to share their data; however, 9 organizations shared their workforce data.</li> </ul>

## 4.2 Limitations

While the study aimed to encompass a variety of organizations within the health sector, it proved difficult to include an equal sample of autonomous bodies and private sector organizations. These entities were largely unresponsive, and most of those included in the sample participated due to pre-existing connections and relationships. The reliance on purposive sampling and existing connections introduced a bias in the study. Additionally, the organizational analysis primarily covered the allied health sectors, focusing on INGOs, NGOs, and a few private sector and autonomous bodies. It did not cover the service delivery system due to a lack of time to obtain approvals from the concerned ministry in India for the public sector, and limited time and responsiveness from the private sector. Nevertheless, most of the papers in the evidence review highlighted challenges women faced in the service delivery sector, which were very similar to those observed in the allied sector's primary study. Finally, being a formative study with a limited timeframe, the sample size was small. More time and resources were necessary to develop an intersectional sampling frame and reach a representative population, especially given the sensitivity around intersectionality.

## 4.3 Ethical Procedures

Ethical clearance for this study was received by the Institutional Review Board (IRB) of ICRW and the SIGMA IRB in India. Procedures for recruitment, introduction, and consent were followed in all cases of primary data collection. These documents were approved by the IRB. Given that this was human subject research, ethical practices such as informed consent, confidentiality, privacy, and voluntary participation were adhered to strictly. Data has been anonymized to maintain confidentiality.

## 4.4 Data security and storage

All audio recordings from the research activities were transcribed and deleted after transcription. The de-identified transcripts were stored on a password-protected computer. Any organizational policies not already in the public domain, in whole or in part, will not be published by the research team. All data from the research activities were stored electronically on a password-protected computer.

# Section 5.

## Organizational Analysis: Findings

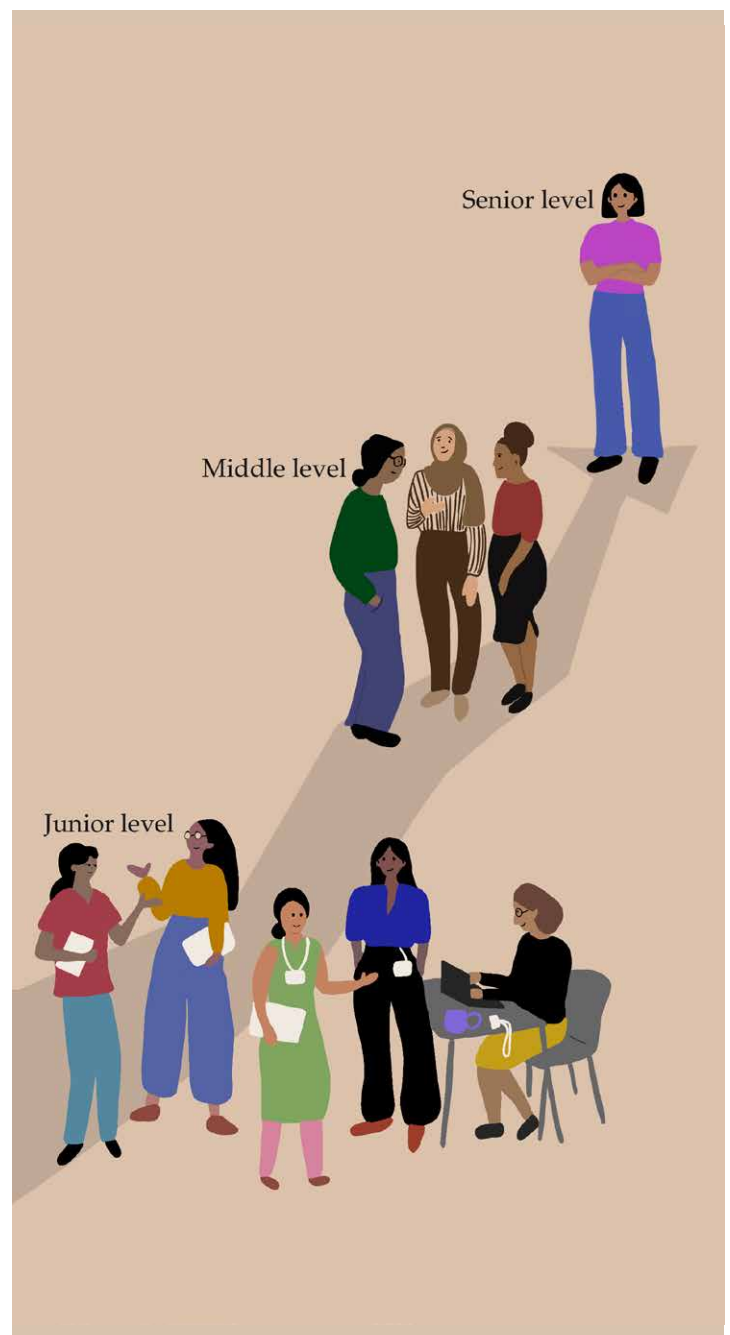


This section offers a situational analysis of the distribution of women in the workforce of the participating organizations, an analysis of workplace policies within these organizations, and how these policies interact with factors across multiple levels to impact women's career paths.

### 5.1 Distribution of Women within the Workforce

An analysis of the workforce data provided by organizations and publicly available on their websites highlights the following:

1. The topmost positions were disproportionately held by men across most of the organization. In 11 out of 14 (79%) organizations the Board chair was male and three (21%) were female. Among Head/CEO of 19 organizations 15 (79%) were male and four (21%) were female.
2. Gender parity data for senior management was available for 10 out of 19 (53%) organizations. Three organizations provided data through their website (highlighted in blue), while seven organizations shared it through email. The table below reveals that approximately one-third of these organizations show gender parity (47- 56%) in their senior management teams. One organization has only one woman in its senior management team, while the remaining organizations demonstrate a notable underrepresentation of women in senior management roles.



Data from organizations show that women remain underrepresented at senior roles.

**Table 2: Proportion of Women at Senior Management in the studied Organizations**

S.no	Organization	Functional Areas of Organization	Total Employees	Senior management total-	Senior management-women	Senior management-%women
1	NGO_UP_2	Program delivery, Advocacy, Research	NA	7	1	14
2	NGO_UP_3	Program delivery, Advocacy, Emergency response	10	1	1	100
3	NGO_UP_5	Program delivery, Advocacy	1052	140	66	47
4	NGO_BR_1	Program delivery, Advocacy, Emergency response	49	5	1	20
5	NGO_BR_2	Program delivery, Advocacy	22	3	0	0
6	NGO_BR_3	Program delivery, Advocacy, Emergency response	28	4	2	50
7	INGO_1	Program delivery, Advocacy, Research	NA	11	3	27
8	INGO_2	Program delivery, Advocacy, Research	93	9	5	56
9	INGO_4	Program delivery, Advocacy, Research	NA	5	1	20
10	AUTO_2	Teaching, Research, Training	110	44	9	20



3. Progression across the pipeline: Internal data was received from 47% (9/19) of the organizations. Table 3 illustrates that:
  - There is an increase in the proportion of women in senior roles in only one organization (INGO\_2).
  - Five organizations (NGO\_UP\_3, NGO\_UP\_5, NGO\_BR\_1, NGO\_BR\_3, Auto\_2) show a decline in the proportion of women in senior roles. However, two of these organizations have 50% women in senior roles.
  - Three organizations (NGO\_BR\_2, NGO\_BR\_4, INGO\_3) maintain similar proportions across all levels, with one organization at approximately 50%, and the other two ranging between 33-39%.
4. It is important to consider that the overall number of employees in certain

organizations, including those in senior positions, is small. This can inflate percentage figures. For example, if an organization has only two senior positions, with one held by a woman, it would seem to suggest that 50% of senior leadership roles are held by women.

5. When analyzing Table 2 and Table 3 together, there is a relatively lower percentage of women in senior management positions compared to senior roles. Senior management, which includes the Head of the organization, plays a crucial role in setting organizational policies, practices, and promoting a positive work culture. Women are underrepresented at both these levels. It is important to further investigate whether women are being promoted only to specific technical positions or functions within senior roles.

**Table 3: Career pipeline analysis**

S.no	Organization	Total Employees	Junior - % women	Middle - % women	Senior - % women
1	NGO_UP_3	10	0	33	0
2	NGO_UP_5	1052	57	44	32
3	NGO_BR_1	49	88	82	50
4	NGO_BR_2	22	53	50	50
5	NGO_BR_3	28	67	63	50
6	NGO_BR_4	12	33	0	33
7	INGO_2	93	30	35	62
8	INGO_3	273	39	38	38
9	AUTO_2	110	0	29	20

\*Percentages are calculated based on number of women at that level vis-à-vis total employees at that level.

## 5.2 Availability of Workplace Policies

A list of policies crucial for advancing women in the workplace, focusing on SRHR, care responsibilities, and gender equality promotion was compiled. Organizations were requested to

provide their available workplace policies, which were then reviewed along with those publicly available on their websites. The analysis primarily assessed the presence or absence of these policies. An in-depth content analysis was not conducted.

**Table 4: Workplace Policy Analysis**

Code	Gender equality	Diversity & inclusion	Equal opportunity & pay	Sexual harassment	Menstrual leave	Maternity leave	Paternity leave	Reproductive Rights (Support for Adoption/Miscarriage)	Support to new parents (Nursing breaks & travel exemption for new mothers)	Child-care leave	Child travel support	Creche facilities	Flexible working
INGO_1	Available online	Available online	Shared verbally	Available online	Document shared	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Shared verbally	Document shared	Shared verbally
INGO_2	Document shared	Document shared	Shared verbally	Available online	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared
INGO_3	Available online	Available online	Document shared	Available online	Shared verbally	Document shared	Document shared	Document shared	Document shared	Document shared	Shared verbally	Shared verbally	Document shared
INGO_4	Shared verbally	Shared verbally	Shared verbally	Shared verbally	Shared verbally	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Document shared	Shared verbally	Shared verbally
INGO_5	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared
NGO_BR_1	Document shared	Document shared	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Document shared
NGO_BR_2	Document shared	Document shared	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Document shared
NGO_BR_3	Available online	Document shared	Document shared	Document shared	Shared verbally	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Shared verbally
NGO_BR_4	Shared verbally	Document shared	Document shared	Document shared	Shared verbally	Shared verbally	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Shared verbally
NGO_BR_5	Document shared	Document shared	Document shared	Shared verbally	Document shared	Shared verbally	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Shared verbally
NGO_UP_1	Shared verbally	Shared verbally	Document shared	Available online	Document shared	Shared verbally	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared
NGO_UP_2	Document shared	Document shared	Document shared	Shared verbally	Document shared	Shared verbally	Shared verbally	Document shared	Shared verbally	Document shared	Document shared	Document shared	Shared verbally
NGO_UP_3	Document shared	Document shared	Document shared	Document shared	Document shared	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Shared verbally
NGO_UP_4	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared	Shared verbally
NGO_UP_5	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared
PVT_1	Available online	Available online	Available online	Available online	Document shared	Shared verbally	Shared verbally	Document shared	Document shared	Document shared	Document shared	Document shared	Shared verbally
PVT_2	Document shared	Document shared	Document shared	Shared verbally	Document shared	Available online	Document shared	Document shared	Document shared	Document shared	Document shared	Document shared	Shared verbally
AUTO_1	Shared verbally	Document shared	Shared verbally	Shared verbally	Document shared	Shared verbally	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared
AUTO_2	Shared verbally	Document shared	Shared verbally	Shared verbally	Document shared	Shared verbally	Shared verbally	Document shared	Document shared	Shared verbally	Document shared	Document shared	Document shared

■ Available online   
 ■ Document shared   
 ■ Shared verbally

This exercise highlighted a lack of transparency in the implementation of formal policies across organizations. Only a small number of organizations have published their policies online, and upon request, only eight organizations shared their written policies. While participants from these organizations mentioned the existence of policies during interviews, we were unable to verify them independently. This

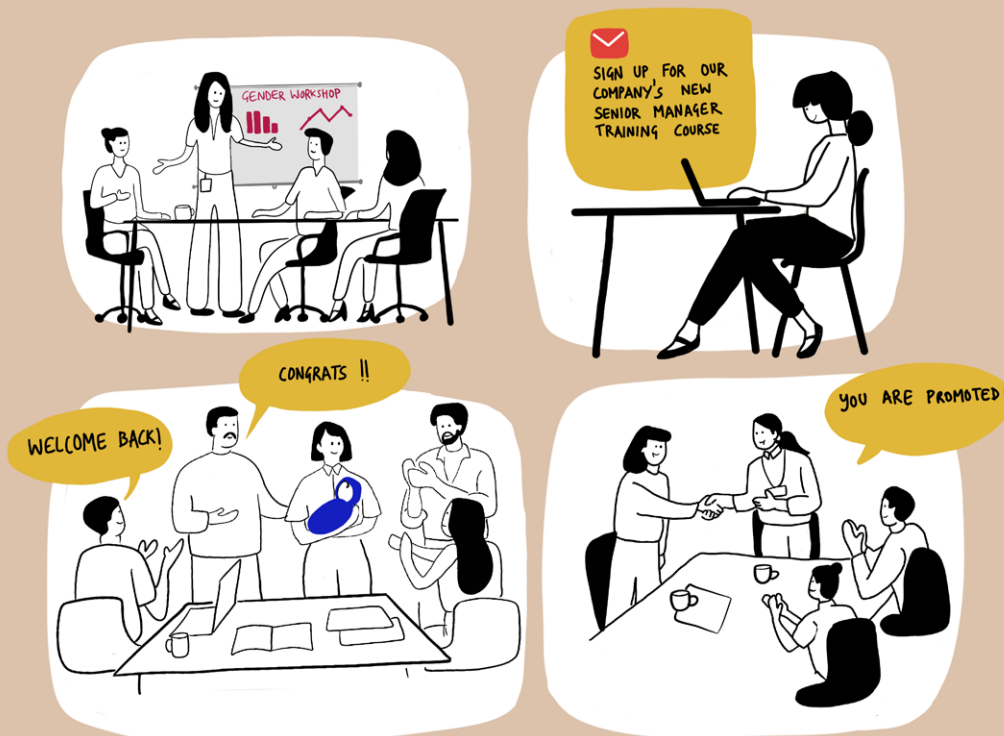
underscores the necessity for transparency in policy creation, implementation, and reporting within these organizations, especially policies concerning gender equality, diversity, family support, and flexible working arrangements.

Section 5.3 will delve into the role these policies have played in enabling women to move to leadership roles and the challenges that persist.

### Box 1: Model Organizations for Gender Equity Policies and Practices

Out of the sample of 19 organizations, two organizations stood out in the types of policies and practices they have instituted to promote gender equity. These organizations have gone beyond the legally mandated policy measures i.e. anti-sexual harassment policy and maternity policy and institutionalized additional workplace policies that are critical to advance gender equality and inclusiveness at the workplace such as gender equality policy, DEI policy, flexible working arrangements, and menstrual leave. One of them has a policy to support gender affirming care, the other has a policy to support new mothers to travel with their young children, as needed.

Apart from formal policies, the organizations have adopted different practices such as forming women's committees, providing open and approachable space for employees to share their concerns and suggestions, and investing in gender sensitization of their staff. These policies and practices have been instrumental in creating a positive and enabling work culture in these places as validated by interviews with employees. Perhaps, as organizations rooted in social movements and community work, they have taken conscious steps to walk the talk even in internal organizational functioning.



### 5.3 Factors affecting women’s advancement to leadership roles: Barriers & Enablers

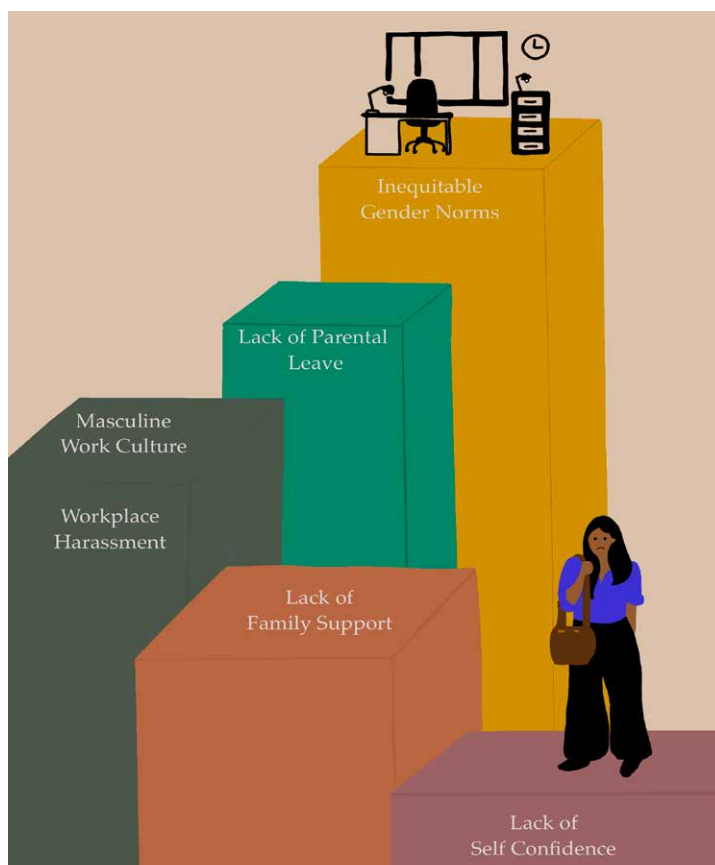
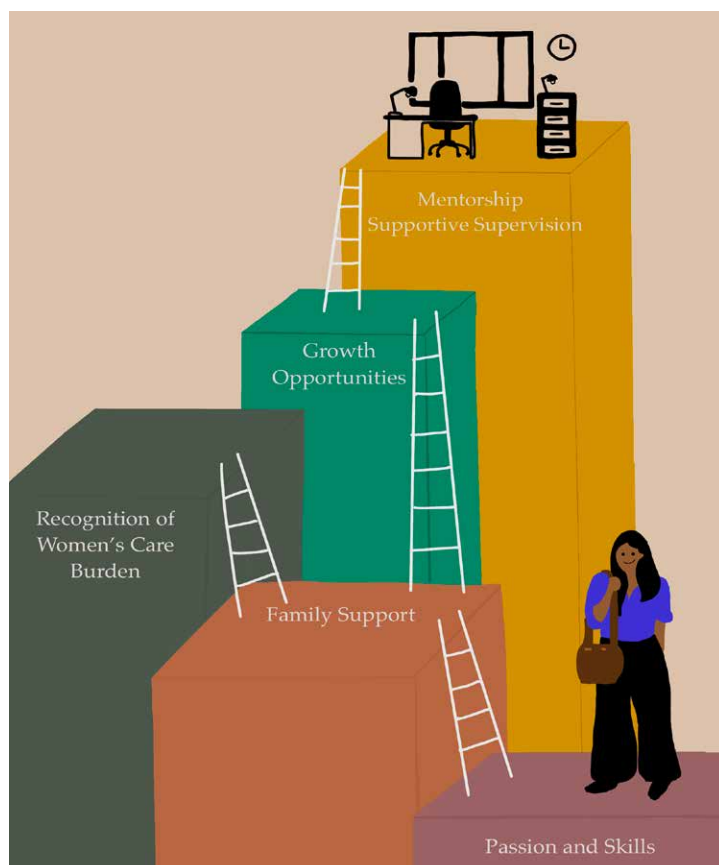
Section 5.1 and 5.2 presented the background of the organizations in the sample, including an analysis of distribution of women in their workforce and the presence of workplace policies to advance gender equality and women’s leadership. Following the conceptual framework presented in Section 3, this section probes the factors that facilitate or hinder the advancement of women in leadership roles within health sector organizations. It takes a closer look at the factors operating at the individual, interpersonal, organizational, structural, and normative levels. It is important to highlight that as enablers and barriers often work as two sides of the same coin, they have been analyzed and presented in conjunction with each other. The analysis is based on the experiences shared by study participants, who have reflected on their entire journey. Therefore, the findings not only reflect the experiences within the 19 organizations in the study but goes beyond that into the participants’ experiences in other organizations in their career.

#### 5.3.1 Individual Factors

Several personal attributes or individual characteristics like self-confidence, competence, passion, self-doubt, and pressure to prove oneself have an impact on women’s career trajectories and journeys. This section focuses on understanding how these different factors operate and impact women.

##### ► Self-confidence

Self-confidence, fueled by a passion for working in the social and health sectors for a social cause, empowered women to take risks, seek new opportunities, and believe in their abilities to succeed. Many participants noted that women’s “natural abilities,” such as being people-centric, compassionate, patient, and adept at multitasking, supported their professional aspirations and dedication to the sector. These traits are often nurtured by societal and familial gender norms that expect women to be caregivers and address family needs.



Snapshot of enablers and barriers women face in their career journeys

However, participants also highlighted that women often have internalized biases about their capabilities. A lack of self-confidence in their ability to perform tasks hinders their growth and development. Women often experience self-doubt, a challenge not reported by male participants. This self-doubt is rooted in gender norms that encourage boys to pursue education and careers while women are pushed into accepting housework and care work as their primary responsibility. In the workplace, this makes it difficult for women to trust their abilities to deliver results, thereby impacting their mental well-being, performance, and the opportunities to progress.

“Others have trust in their abilities that you can do this, but they (many women) don't have faith in themselves.”

- NGO-UP, IDI, F

### ► Individual Competencies

Competencies, which essentially include knowledge, skills, and personal characteristics such as curiosity and taking initiative, enable women to perform their jobs effectively. These competencies were reported to come through continuous grooming and play a critical role in career advancement. Owing to their own motivation to grow and contribute to the sector, women have taken independent lead to expand their knowledge base. This helps women demonstrate their ability to succeed in higher-level positions by enhancing their performance and enabling them to develop strong leadership qualities.

“The aptitude to discover things on my own was something which impressed the management here, and they asked if I could take the lead.”

- Private Sector, KII, F

### ► Pressure to prove

Participants shared that once a woman becomes a leader, taking on a mid or senior management role, she often feels the need to meet high expectations at work while also managing additional responsibilities or travel requirements along with her household duties. Women's anxieties and stress increase due to the dual burden and create pressure to prove themselves as effective leaders. This pressure is compounded by the fear that if they don't perform, they will be perceived as less committed to their work. A female participant expressed concerns about gender-based pay disparities, noting that women often need to put in extra effort to prove themselves and, unlike men, struggle to negotiate higher salaries.

Women to make a mark have to work much more, they have to really work hard and more than a man for the same position.

- Private Sector, IDI, F

So, a female colleague's daughter was sick, and she did not ask for leave from her boss. Her husband did. She said I dare not even ask. That got me thinking that the man was bold enough to tell the head of the department that my daughter is unwell and I will be coming in later or I am taking leave. But for a woman to prove that she is committed to her work, she probably has to work doubly hard.

- SME, KII, F

### 5.3.2 Interpersonal Factors

Women's lived realities are not siloed, they are strongly influenced by her immediate environment and interpersonal relations. The study demonstrates that familial relationships

and support play a critical role in women's entry, progression, and retention in the workforce. This section highlights the ways in which family relations have impacted women's career choices and growth.

### ► Family Support: Encouraging and Limiting

Support from family has been crucial in helping women progress in their careers. In terms of parents' role in enabling higher education, it has been observed that families where mothers have received higher education are more likely to support their daughters' higher education. Moreover, women from all female sibling households (i.e., when there is no male sibling) tend to be more supportive of women's educational pursuits. Although there is no singular explanation for this, it indicates a shift in family norms due to increased acceptance and awareness of the importance of educating daughters in such families.

Having a supportive partner or family member who encourages and believes in a woman's goals can boost her confidence and motivation, providing emotional support that makes it easier to tackle challenges in her career. Balancing household duties and childcare can be a significant challenge for many women, especially those with young children. It was observed that having a partner or family member willing to share the workload freed up women's time and energy, allowing them to focus on their professional responsibilities. This was especially useful when women had to travel for work. In the Indian context, it was observed that parents and in-laws played a significant role in women's career advancement by offering practical and emotional support, particularly with childcare, when they live with the family or in the same city/town. For respondents from grassroots NGOs,<sup>2</sup> support often came from extended family members when living in a joint family.

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“  
There was a lot of support because I used to live close to my parents and would leave my daughter with them without me being worried, even here, my in-laws would come for a few months in a year, and that was another huge support because you know the job requires you to travel.

- INGO, IDI, F

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On the flip side, women also reported that sometimes there has been an absence of support from the families. This is usually in the case of travel where women are often questioned a lot and, in some instances, asked not to travel to field locations. Women from grassroots organizations shared their families' reluctance in allowing them to go out of the city for meetings and fellowships. In a few cases, higher surveillance on women's mobility was also reported, where they were asked to explain reasons for returning late from work. While in some cases these enquiries are governed by concerns for personal safety, in others it is dictated by patriarchal norms defining women's responsibilities in the household. Additionally, sometimes the family or the partner is not supportive of her aspirations due to which she has to leave her job. The different ways that families create restrictive environment for women adversely affects their mental well-being forcing them to constantly juggle the pressures of work and home, as well as impacting their learning, career opportunities, and growth. Significantly, male participants in the study did not face such a constrained environment. Some female participants reported that these restrictions eased over a period of time either by asserting themselves within their families or families acknowledging the recognition and respect the woman receives because of her work.

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<sup>2</sup> For the purpose of this study, grassroots NGOs are interpreted as subset of NGOs that provide services and support to local groups of communities, households and individuals. These intermediary organizations are often created through collective efforts and serve as a connection between local populations and distant donor by offering emergency response, advocacy, and service delivery functions. Of the ten NGOs that took part in the study, eight out of ten were grassroots organizations.

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Although (family) encouragement is there, what it lacks is actual support.

- SME, KII, F

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Further, it was also shared that often women are unable to move to a new city for a better opportunity because they prioritize children's education or partner's job over their own. There have also been instances where women have moved from jobs if her partner has changed cities, leading to a career break for her. Joining the workforce after a break leads to loss of years in service, experience, and most importantly, pushes her back in seniority.

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Women definitely have serious constraints in moving from one place to another because you know, career growth is also related to your readiness to move from one place to another.

- Autonomous Body, KII, M

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### 5.3.3 Organizational Factors

The promotion of women's leadership in organizations is influenced by organizational factors. Establishing gender-equitable, inclusive, and anti-gender discrimination policies, practices, and cultures<sup>3</sup> was found to be necessary to attract, promote, and retain women in leadership positions. It is critical for organizations to recognize and break the proverbial 'glass ceiling' for women. This section focuses on the role organizational factors play in women's career advancement within health sector organizations.

### ► Gender inclusive policies: Availability and Implementation

The study's findings suggest that implementing workplace policies played a pivotal role in promoting women's leadership by establishing a foundation for an equitable and inclusive work environment. Policies, particularly those relating to sexual and reproductive health, childcare, flexible timing, and sexual harassment were identified as key factors in enhancing women's access to opportunities, creating a supportive workplace, and fostering an inclusive organizational culture for women. They contributed to career advancement by increasing employee engagement, retention, and productivity. One of the enabling policies included menstrual leave. Even though it was only available in one organization, it is important to highlight that the participant emphasized how the menstrual leave policy improved her well-being and of other staff who menstruate, enhanced workplace productivity, and fostered a culture where all employees felt valued and respected.

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Although it may seem like a small and insignificant gesture, having a menstrual leave of one day every month is extremely helpful for women who have to work during their period.

- INGO, IDI, F

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Every organization had a policy providing for six month paid maternity leave as per the legal mandate. Female employees of autonomous organizations under the central government of India had the option of paid childcare leave (CCL) of up to two years (730 days) for their two eldest surviving children until they reach the

<sup>3</sup> In this study, work culture is defined as set of attitudes, beliefs, values and behaviors that are espoused by the staff and management of an organizations.

age of 18. This leave can be taken at intervals throughout the employee's service, but it cannot be taken more than three times in a year. Most organizations exempted new mothers and those with infants from travel duties. A respondent from a grassroots NGO believed that not all women might require maternity leave, but policies regarding travel exemption for women with infants can benefit all women. However, there is a risk that this can lead to denial of travel opportunities for women.

Another effective workplace policy implemented by some INGOs supported new mothers, as well as fathers by providing child travel support for both men and women with children below the age of three. This policy allows employees to bring their child, caregiver, or spouse on official travels, with all expenses, except full air fare, covered by the organization. The provision of on-site crèche facilities in the workplace helped mothers to focus on their work without worrying about their children's safety or well-being, increasing their productivity and creating better work-life balance. It also helped to generate a sense of community and promote a family-friendly work environment, which added to a positive workplace culture.

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**I used to bring my daughter to the office where she learned to walk. It was heartening to see everyone in the office caring for her. Extending such support to women during this stage of their life is of utmost importance.**

**- INGO, IDI, F**

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Only a few participants noted flexible working hours as an official workplace policy, while others mentioned it as an organization practice given on a case-to-case basis. New mothers who were granted flexibility in their work hours

reported that it helped them retain their job and increased their job satisfaction by giving them more control over their work schedules. As a result, they showed higher levels of engagement and a more positive attitude towards their work. The implementation of hybrid work policies, particularly after the COVID-19 pandemic, helped women maintain a better work-life balance in most organizations, except in grassroots NGOs. With the ability to work from home, women could be present as caregivers while fulfilling their work obligations. This balance helped to reduce stress and increase productivity, which is beneficial for career growth.

While discussing workplace policies regarding sexual and reproductive health (SRH), the SRH of self-identified women, intersex and non-binary persons is an important issue. During our interviews, we spoke to a transgender woman who shared her experience of having gender-affirmative care policies at her workplace. She was able to take paid leave for her gender affirmation surgery, and using her preferred pronoun facilitated effective communication, making it a more welcoming, respectful, and inclusive environment.

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**My organization gave me the necessary time and space when a doctor prescribed me at least a month's bed rest after my gender-affirming surgery. Additionally, they accepted my preferred gender name and identity. I mean, if I'm not comfortable with my preferred gender roles, then how can I explore what else I can do in my life?"**

**- INGO, IDI, F(T)**

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Another workplace policy that proved valuable for one of the research participants was the strict adherence to the Anti-Sexual Harassment Policy by enabling reporting and redressal against derogatory rumors spread by a male colleague. Action was taken against the man, demonstrating



accountability and responsibility on the part of the organization. The policy prevented further harm to the woman's reputation, which could have impacted her personal and professional life.

As presented above, workplace policies played a pivotal role in enabling the creation of an equitable and inclusive workplace for the participants. This facilitated their retention and advancement in the workforce. However, it is important to note that barring the legal mandate of maternity benefits, these policies were not universally available across organizations. Participants reported the need to institute and effectively implement policies such as flexible work, menstrual leave, crèche, and child travel support as its absence adversely impacts women's mental and physical well-being at work.

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**I had a small child when I joined here.  
There was no childcare facility then.  
I felt frustrated and upset about this.**

**–Autonomous body, IDI, F**

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However, it was reported that women face discomfort in availing such policies where present. A subject matter expert shared that women find it uncomfortable to avail menstrual leave policy due to the stigma attached to menstruation. The stress of managing perceptions at the workplace and the fear of losing the job added to the discomfort. Comments by male colleagues in some cases alleging that childcare leave adds to the existing cache of leaves for women which men don't have is an example. Despite it being a legal right, women availing maternity leave especially those working with grassroots organizations, worried that taking maternity leave could put their job security at risk. There have been instances where women who joined after a maternity break

have struggled to re-integrate themselves in the workplace, finding that their projects have been given to other employees, or that they have been excluded from meetings, making them feel disconnected from their workplace and colleagues. The imposition of 'motherhood penalty' was seen in some cases. Childbearing was reported to create many challenges for women trying to advance in leadership roles. Stereotypes and biases often led to the perception that women with children are less committed to their careers and less capable of handling demanding leadership roles.

Institutionalizing policy measures are one piece of the pie but failing to ensure their effective implementation is a barrier. Combined with the lack of care leave available to both mothers and fathers and lack of paternity leave across sectors, it is more difficult for working partners to redistribute care responsibilities and continues to signal that caregiving is the primary duty of a woman. Absence of progressive care work related policies is a continuous challenge which adds stumbling blocks for women and adds to their experience of motherhood penalty.

Some organizations, especially not-for-profit organizations, also shared their concern about the availability of limited financial resources which impacted their ability to institute or implement some of the policies. As most of these organizations work on project-based funding, the lack of gender budgeting in projects to cover the costs involved in giving maternity leave, for instance, was a challenge. Some grassroots organizations expressed concerns over giving maternity leaves, stating limited project funding. While it is important to acknowledge the financial challenges faced by the organizations, it is also critical to understand the implications it might have on new mothers, who perhaps have to return to work earlier, thereby impacting their mental and physical well-being.

## ► Work culture: Positive or Masculine?

### a. Positive Work Culture: An enabler

Positive workplace culture can be understood as a process in which organizations prioritize the well-being of their employees, provide support at all levels, and have policies that foster respect, trust, empathy, and support. Forming a positive workplace culture was crucial in promoting gender equity, work-life balance, career growth, and a safe and respectful workplace. Such a culture helped retain top talent, increase employee engagement, and productivity. The research participants attributed positive workplace culture to supportive leadership, supervisors, and colleagues.

Female supervisors and senior team members were observed to harness their shared experience of gender-based discrimination, harassment, and workplace challenges to offer greater support to women colleagues. Women often looked up to senior female colleagues to draw from their experience. The presence of women in leadership positions at all levels, including senior management and board roles contributed towards creating role models for aspiring women leaders and breaking down gender stereotypes. A woman participant appointed to a leadership position after taking a career break emphasized that her hiring was aided by an equitable hiring process, facilitated by another woman who did not judge her based on her career gap.

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“I think that she being a woman helped me to make a comeback because she could understand why I took a career break.”

- INGO, IDI, F

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Supportive supervision from immediate supervisors played an important role in building skills and confidence of women. It also helped

them access capacity building opportunities and gave them exposure to meetings at the international and/or government level. Supportive supervision was not limited to technical skills but also had aspects of positive feedback loop, empathy, and compassion which is sensitive to a woman's personal life circumstances. These were reported to have played a pivotal role in women's growth and retention within organizations. It is important to highlight that participants reported having both male and female supervisors who have been supportive and played an important part in their leadership journey. Participants shared that their supervisor's leadership style mattered the most; the supervisors who espoused feminist leadership principles of empathy, collaboration, inclusion, and accountability were most valued.

Another critical contributive element of a positive work culture is 'being heard' in the office, in meetings and while taking decisions. Not only did it enhance their confidence in expressing their views, it also made them more likely to receive and accept constructive feedback, recognition, and opportunities for professional development, which are crucial for taking up leadership roles. It was also reported that sometimes meeting spaces were leveraged to create dialogue with staff, especially by the senior management, to call out any disrespectful behavior and emphasize the importance of respectful conduct towards women and all staff, thereby fostering inclusivity.

Further, it was reported that establishing a safe space for women through a culture of openness, inclusivity, and positivity in the workplace helped promote greater productivity and engagement. Few organizations reported having women's fora or committees as a safe and open platform for discussing challenges faced by women employees. Sometimes, these groups also pushed the organization to adopt gender inclusive policies. For instance, an INGO instituted its gender and diversity policy due to the recommendation from the women's forum.

## b. Masculine Work Culture

A work culture is the shared ethos, values, behaviors, and beliefs practiced within an organization. A culture that allows, supports or promotes masculine traits of aggression, competition, differentiated gender roles, encouraging only men at the workplace, works to the disadvantage of women. It leads to the creation of a disabling work environment for women. This is supported by the experiences shared by women participants in the study. A masculine work culture manifests in a multifold way, such as through microaggressions, leadership styles, and sexual harassment at workplace.

## Microaggressions

Microaggressions are understood as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults”<sup>xiv</sup>. They stem from social stereotypes and biases that normalizes certain behavior and power dynamics often directed towards historically marginalized populations. In this study, the participants shared how women experienced different kinds of microaggressions from men at the workplace. Some of these included intrusive interruptions, sexist comments, undermining women's ability and authority, and creation of a boys' club.



Microaggressions women face at the workplace

Women shared that often during meetings they were interrupted by men or talked over and not heard. Their opinions were not valued. Men also tried to take credit for suggestions made by women. Perhaps this behavior stems from implicit biases amongst men who wish to be seen as superior to women. Few women reported that after a while they had to assert themselves during meetings and say that they had made the exact point earlier. In some instances, women's regular physical presence helped them in changing the dynamics because they felt that men realized that women would be present and vocal in meetings. Women had to use these strategies to navigate such distressing circumstances.

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**Men have this tendency to just not listen to what you say, and then they repeat the same thing that you said five minutes ago.**

**- NGO-UP, IDI, F**

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Women reported being subjected to sexist comments about their age, character, marital status, and dressing style. This generated a hostile work environment, reduced self-confidence, increased stress and anxiety, lower job satisfaction and motivation among women.

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**A male colleague said that I am not insinuating anything, but he (a senior member of the organization) favors you all the time. Later, I took him aside and said: you have a daughter growing up; would you like her to face such comments at her workplace? He later apologized, but when something goes wrong with men, they act suddenly, and women have to face it.**

**- Private sector, IDI, F**

At the root of microaggressions are societal stereotypes including biases against women's competencies and leadership abilities. It was reported that women sometimes face such discrimination at the workplace and their abilities are often questioned. A male participant also reported that men generally have a perception that they are more knowledgeable and competent than women. This is often rooted in societal and cultural norms perpetuated for generations.

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**It is there in men that they know everything, even if they don't know. Men are under so much pressure from society that they (are forced to) think that they know everything and that women are a bit stupid. Stupid is a little wrong word, but yes, she is a little less knowledgeable. They don't know everything.**

**- INGO, IDI, M**

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**It is a mindset that if she is a woman, then how much would she be knowing at all! People only underestimate, they don't accept.**

**- NGO-Bihar, IDI, F**

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Women's challenges do not end once they take on a leadership role in an organization. Some women shared that even after becoming leaders, decision making rested with men. It is important to note that this was not experienced across the board. However, in the instances where women's decision-making authority was not respected, it adversely impacted their confidence and motivation. Another challenge women continue to face as a leader is that often male supervisees do not respect a woman supervisor's authority.

Women shared that there was hesitancy to report to them amongst men. A boss is still considered as a position befitting man. It was also reported that men sometimes bypassed women supervisors and sought guidance from other male leaders in the organization or did not take into account women leaders' suggestions. Moreover, personal biases against young women in positions of power were found to be stronger. Women shared that the interplay between their age and gender compounded the challenges they faced. Additionally, in another case it was reported that women from lower caste backgrounds often faced a double disadvantage, with people less likely to listen to them due to their gender and caste.

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However good and excellent the organization is, even though women come at the decision-making table, men make decisions on their behalf.

- INGO, IDI, F

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My age is something I still have to deal with. There has always been a question about it. Mainly from male colleagues for some reason. Now that I became the director, I sort of have learned to live with it. But, just thinking about it now, I think it really sort of pulls you down.

- INGO, IDI, F

“  
Men think that why should they listen and adhere to what the female coordinator from lower caste asks me to do. Even men from lower castes have to face this. But there is double oppression for women.

- NGO-Bihar, IDI, M

Stereotypes of men as natural leaders were cited as possible reasons for male supervisees feeling insecure and uncomfortable reporting to women, especially younger women. This dynamic affected the work as women leaders had to invest considerable amount of time in team building or holding one-on-one conversations with men in their team to foster a cordial and cooperative environment.

### Leadership Styles

A critical element of work culture is leadership style followed by and expected from the leaders. Leaders (both men and women) who exhibited an unempathetic and compassionless leadership style, where there is a disregard for personal circumstances or lack of supportive supervision, adversely affects women. Women participants have reported considering early exit or have actually left an organization due to such leaders. One participant reported how a woman was not supported during a crisis at home and had to resign from her job. A sensitive and accommodative leadership could have helped the woman in these circumstances.

For women leaders, leadership was often reported to be a double-edged sword. In some cases, there is an expectation that women should imbibe 'masculine' traits of leadership and be 'strong', 'assertive' and 'tough'. However, if a woman is assertive in a meeting room or in the workplace, in general, she is considered to be aggressive. Different yardstick of assertiveness exists for women and men where the former is called out for the same actions while the latter may be rewarded.

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You know, men can just say anything and not be considered assertive; the same thing if it is said by a woman, it might be considered extremely assertive.

- INGO, IDI, F

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**“**

If they (women) break from stereotypical character and are more aggressive or vocal, you write them off - saying that she is too loud. Whereas for a male member, you will not do that - you might actually see the positives in their aggressiveness and ambition.

**- SME, KII, F**

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### Workplace sexual harassment

While the study could not extensively explore the issue of sexual harassment against women in the workplace, it did document some reported instances which created a hostile work environment by comprising safety and mental well-being. In one case, a woman took a career break due to the incident.

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**“**

I had instances where I was giving training on reporting how to count condoms when it comes to database reporting. One person stood up and said, can you tell us how to wear a condom?. That was the time I took a career break. It was for eight months or so.

**- INGO, IDI, F**

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One participant mentioned that women particularly in the early stages of their careers, often refrain from reporting incidents of sexual harassment due to concerns about potential retaliation, discrimination, or other negative repercussions such as missed opportunities for career advancement. Reluctance makes it even harder for women to report harassment in the future and can impede their progress in their profession.

### ► Career development opportunities

Opportunities for growth and development in terms of capacity-building opportunities, leadership development programs, mentoring, and networking initiatives were identified as vital for equipping women with the skills and networks necessary to thrive in leadership roles. Moreover, these initiatives promoted a culture of empowerment and support, instilling a sense of value and investment in employees and the organization's success. Entrusting women with leadership responsibilities early on in their careers helped them develop essential skills for assuming leadership roles, such as effective communication, problem-solving, decision-making, and conflict resolution. Providing women with timely opportunities to attend conferences, fellowships, and high-level meetings facilitated acquiring technical skills and building networks that facilitated career advancement. It was reported by some subject matter experts that investing in building leaders at an early stage of work life is crucial. Often leaders are promoted but they might not have the skill set to be effective leaders. Therefore, women's leadership should be progressively developed.

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**“**

Being in different forums and having constant interaction with the senior managers and country directors ensured that they hear me, that definitely helped in building the base in moving from being a program officer to a program manager and then the head of programs.

**- INGO, IDI, F**

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**”**

Capacity-building trainings, both technical and leadership or management related, equipped women participants with the technical skills, confidence, and perspectives needed to assume leadership roles. These trainings offered networking opportunities and kept women

abreast of the sector's best practices and latest developments. A subject matter expert highlighted that mentorship programs are essential for women's career advancement. These programs offer mentees valuable knowledge and experience, networking opportunities, skill development, career guidance, and personal support to make informed decisions and achieve their career goals more efficiently.

Participants highlighted the obstacles they faced in accessing capacity building opportunities including informal micro networks that hindered their career development and advancement. In some instances, participants shared that women who have younger children at home are sometimes not sent for conferences or events because the supervisors' feel that they might be unable to attend these events. The supervisors take that decision on their own. Even when the intention of the supervisor might be to prevent the woman from facing a dilemma in personal and professional priorities, it takes away her agency to decide for herself and restricts the opportunities she might have been able to access.

Further, women often either don't have or have a limited networking circle. Most networking events happen after office hours at night, rendering it difficult for women to attend due to their household responsibilities and in some instances due to travel related safety concerns. In some instances, networking circles are inaccessible due to the presence of an informal 'boys' club' as it is relatively easier for men to network after office hours. These networks are important spaces as they provide opportunities for career progression, such as introductions to influential people, information about upcoming job openings, and knowledge of important projects. Sometimes, women do not even know of the presence of such groups or spaces and miss out on these opportunities, discussions, and decisions. One participant attributed the reasons for such an exclusive ecosystem to the disproportionate representation of women in organizations, especially in leadership positions.

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There is a tendency for them (women) to be left out because, for various reasons, women do not have those sorts of networking circles, as their male colleagues have. It could be because of their responsibilities at home that they need to cater to.

- SME, KII, F

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Not being part of a boys club affects day-to-day working as well, not just coming into leadership positions - because there are a lot of work-related discussions that happen in these groups. It's informal, but sometimes informal conversations lead to decisions. You wake up one fine morning and get to know that this decision has been made. You might have had something to add to it, you might have a counterargument, but decision has been made, and you can't change it now because you are not part of the conversation.

- NGO-UP, IDI, F

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### 5.3.4 Structural Factors

Laws and government policies define the rights framework which influences a working woman's life. The findings suggest that laws can work as a positive determinant to a certain extent. For instance, the presence of the Maternity Benefits (Amendment) Act (2017) and Prevention of Sexual Harassment Act (2013) has led to organizations instituting policies giving women employees 26 weeks of paid maternity leave and creating an Internal Complaints Committee respectively. However, as mentioned previously, the implementation of some of the provisions leaves much to be desired, as does limited legal awareness among employees. Nonetheless,

most women shared that paid maternity leave has greatly helped them. Similarly, provision of child-care leave (CCL) for government employees enabled women to manage their home and work responsibilities more effectively. It is, however, important to note that at times the Maternity Benefits (Amendment) Act (2017) has been reported as a deterrent, discouraging organizations from hiring women.

The two-week paternity leave in India is mandatorily given to male employees of the public sector only. Similarly, a two-year childcare leave<sup>xv</sup> is provided to female employees and single male employees (extended to single male employees in 2020) in the public sector. The lack of such progressive policies in the other sectors was reported as a concern. It is critical to mention that some participants shared the need to extend paternity leave from two weeks to three months

so male employees could also spend time at home and that it hopefully leads to redistribution of household and care work. Further, it was also suggested that CCL should also be extended to all male employees as childcare is not just the responsibility of women.

### 5.3.5 Normative Factors

Social norms, produced and reproduced at different levels, guide individual and group behavior. The presence of gendered norms which create certain behavior and role expectations adversely impacts women's career growth and advancement. This section focuses on some of the manifestations of gendered norms such as women's reproductive role, household and caregiving responsibilities, and their 'acceptable and expected' sector of work.



Gendered norms faced by women in the health sector



### ► a. Unpaid Work: Household and Care

Traditionally, women have been expected to take on most unpaid household responsibilities, including child-care, elder care, and household chores. This disproportionate burden for women, was reported to impact their ability to work effectively and advance in their careers. Competing priorities at home and at work creates challenges for women who often try to and are expected to perform both with ease. It imposes a time penalty on women who are always trying to balance time between work and home, leaving next to nothing for self-care or recreation. The study found that work demands consumed a significant portion of women's time and energy, resulting in burnout. Compounded by physically and emotionally demanding housework, such gendered expectations affect women's overall well-being and job performance. Women often reported difficulty in maintaining a healthy work-life balance as a significant barrier in advancing to leadership positions. It was also reported that in some instances, the social expectations from gendered roles resulted in women sacrificing career growth and choosing more stable and/or less demanding job profile, despite their potential to take up leadership responsibilities. The same isn't true for men, who did not report taking breaks or letting go of an opportunity due to family responsibilities.

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“I've seen many situations where friends or colleagues will say 'well you know I've decided not to take departmental head position, I'm really worried about my kids they are going into the 10th or 12th, and you know I want to be around to support them in what they need to do'. They (women) take a backseat voluntarily, but it is a requirement of a back seat that has been created by society.

- SME, KII, F

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As women are expected to deliver the role of a caregiver at home, some participants shared that they are also worried about family or society's perception of them if they don't take care of their child. The same expectation and responsibilities are often not assigned to men, who do not experience the same level of care work or household related responsibilities. Perhaps, socialization has a formative role to play here: from a young age, men are taught to be breadwinners and women to be homemakers. The decision to leave their child at home and rejoin the workforce is often accompanied by feelings of guilt amongst women which affects their motivation and concentration at work. Feelings of guilt that availing their personal leaves might negatively impact their project at work was also reported by the participants. It is a double-edged sword for most new mothers at the workplace. Assistance in childcare, either from natal/marital families or full-time paid house help (where affordable), is reported to offer great support for women rejoining the workforce.

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“Many of my colleagues and friends are in different leadership positions. And then all of us share the same concerns about our children being left at home alone, or even people who are staying in joint families, they will sometimes have some problems with their in-laws. This is usual. But these are the things which affect women a lot more than men.”

- Private Sector, KII, F

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### ► b. Hiring Bias

A reported perception of the inability of women to devote time and energy to their career due to family responsibilities and relocation due to marriage contributes to discrimination and bias in hiring. On one hand, this resulted in a pipeline entry problem, as there is a shortage of women with the necessary experience and qualifications to advance to leadership positions.

On the other hand, it created challenges in hiring women for senior and/or management roles. Women reported that they were often evaluated for job roles based not on their educational qualifications or experience but on their perceived ability to balance work with caregiving responsibilities at home. Biases were observed in the hiring process, with some women being asked about their marital status, plans to have children, and whether they have children, resulting in discrimination. This bias was even more pronounced when the hiring panel comprised of all men. Married women of child-bearing age and pregnant women encountered more challenges because if the organizations hire them, they are mandated by law to provide them with six months maternity leave. The assumption that single women of marriageable age were likely to get married and relocate to their partner's place of work was also reported as a prevalent bias. Norms governing marriage, i.e., women are expected to move to their partner's place of residence and child care being primary responsibility of a woman, seems to be reflected in hiring biases and practices within organizations. However, one organization shared that they have taken active steps to reduce this bias by having hiring panels of both male and female staff, while another organization reported informing hiring firms that CVs will only be evaluated when there are equally competent women applicants.

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**In India we still aren't respectful about maternity leave. It may have become law, but we also know it's had a backlash, where after maternity leaves started, a lot of companies are not willing to hire women anymore.**

**- SME, KII, F**

### **▶ c. Occupational Segregation**

Occupational segregation based on gendered roles and expectations was reported in some cases. It was reported to manifest in the practice of assigning women responsibilities in cultural committees because it is perceived as an extension of work done by women at home, while men are responsible for technical committees. During events, women are assigned responsibility of work such as giving flowers to the guests, while men are responsible for technical work such as ensuring that the sound systems are functional. In some cases, it was also stated that departments like finance and procurement are considered to be men's domain; in organizations where there are committees handling these functions, women are not nominated as they are considered to be not capable of managing these roles. Such gender role stereotyping reinforces gender inequality in the workplace and restricts women's choices and opportunities, creating barriers for their advancement as well.

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**Women are made chairperson of cultural and reception committees and not intellectual committees. They feel women are better at cultural activities, and they are managers at home, so they can do it here as well, and they will be given the role of managing. While male colleagues are given to network to do intellectual work.**

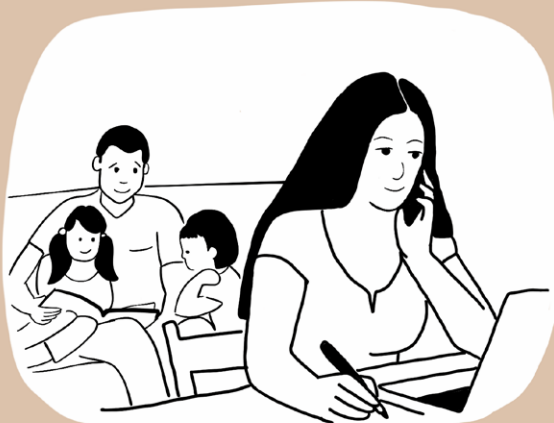
**- Autonomous body, IDI, F**

## Box 2: A Journey of Career Advancement

Based on the interviews conducted, one example of moving to a senior leadership role stands out. Payal (name changed) is a married woman with two grown children. She stays with her husband and children. She has been working in the health sector for the last twenty years. Having access to quality education and mentors was very helpful in creating a solid foundation. After marriage, the support from husband and kids was instrumental in Payal taking up career growth opportunities. Interestingly, she also mentions how having a house help to take care of her children was very helpful: she felt fortunate to have a strong support system at home.

Professionally, her supervisor was very encouraging and motivated her to take on more responsibilities, attend fellowships, and travel abroad for conferences or other learning opportunities. Her supervisors' willingness to listen to her suggestions and ideas also helped in creating an enabling environment at work for her. The trust shown by her seniors helped in building confidence. Lastly, workplace policies around maternity, childcare, and promotion related protocols were instrumental in helping her reach different positions within the organization. Childcare leaves enabled her to manage her time with her children.

However, as is often reported, Payal felt a working mother's guilt when she had to leave her child to attend work. After some years, she asked for a transfer at work to be in the same city as her husband. Due to the presence of certain organizational policies, some parts of her service years were counted as leave which may have affected her promotions. Having said that, Payal describes her journey as being 'really favorable' and she considers herself to be 'fortunate'.



Example of an enabling personal and professional environment for women to advance in their careers

# Section 6. Discussion



**G**ender-equitable leadership, a reflection of gender justice, is pivotal in addressing structural inequalities and biases at the workplace. The health sector is a heterogeneous sector comprising multitude of organizations engaged in service delivery, research, training, regulatory bodies, and other allied functions. Women employed in different sectors have different career pathways and trajectories. Currently, limited gender disaggregated data exists in the health sector. While there is a dearth of publicly available quantitative data, this study has been able to contribute to the growing evidence base around the unique enablers and barriers women face in accessing equal opportunities for career growth in the health sector in India. These include individual, interpersonal, organizational, structural, and normative factors. The figure below provides a synthesis of these factors.

**Gender norms** remain one of the most important causes of multiple and interlinked missed opportunities for women in India. This research also uncovered several manifestations of these norms produced and reproduced at the individual, interpersonal, organizational, and structural levels. Norms also influence each other; this interplay often creates a web of vulnerabilities for a woman, impacting women's career trajectories. For instance, norms around childcare as primarily the responsibility of a woman often leads to women internalizing working mother's guilt which is reinforced by unsupportive families or remarks from the community members. Organizational policies further put the onus only on women by not instituting policies for paternity leaves or parental leaves, providing childcare care leaves only to women and perpetuating hiring bias against women of child-bearing age. Though, at present the law mandates only 26 week paid maternity leaves, without similar provisions for fathers, it reinforces the normative burden of childcare on women. While study participants shared that the maternity benefit has been immensely beneficial for women to take paid leave post-delivery without worrying about their job security, this law has also been reported as dissuading organizations from hiring women so that they don't have to provide the benefits guaranteed by the Act. Therefore, as norms are all pervasive, there is a need to question and challenge the norms operating at all levels.

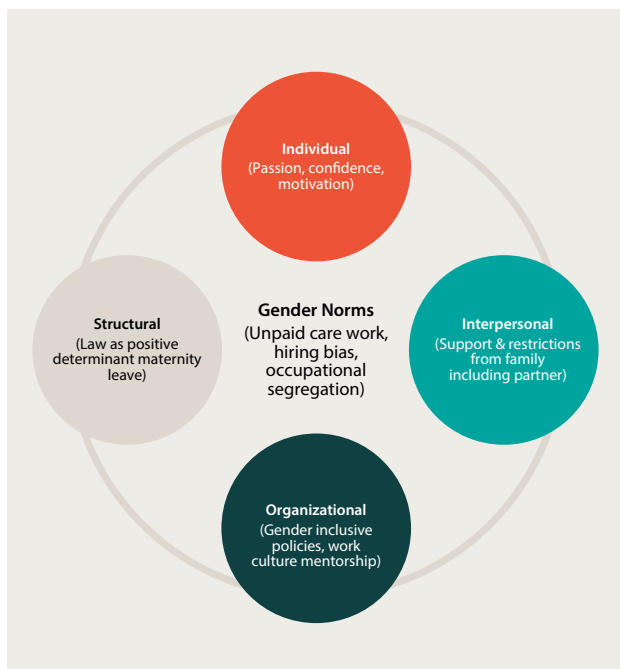


Figure 4: Synthesis of the enablers and barriers at different levels that impact women's careers in the health sector in India

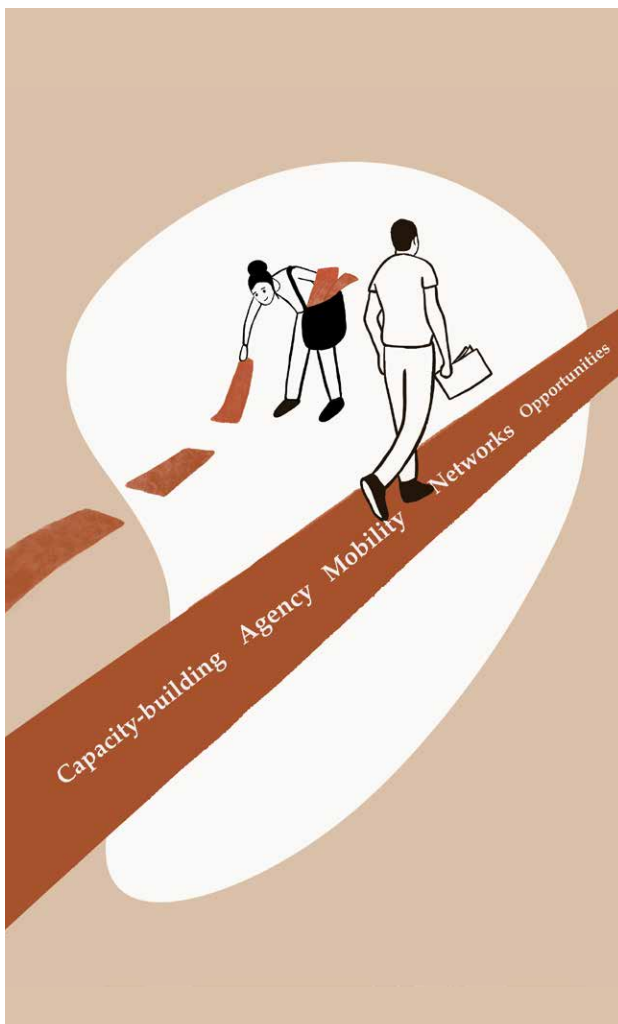
The workforce data of organizations who participated in the study highlights that leadership positions are disproportionately held by men. Women also remain underrepresented in senior roles within organizations. The interviews also showed how men and women's journeys differ. As presented earlier, unpaid

care work and childbearing creates a web of vulnerabilities for women where they face hiring biases, difficult work environments, challenges in re-integration, and constant guilt. It impacts their confidence, motivation, and performance, thereby limiting their opportunities to grow, and in the worst scenario, leading to a career break. However, gender norms don't operate the same way for men. Norms around marriage dictate that women move to the city where the husband resides. Additionally, men are considered to be the 'providers' of the household. Due to these prevalent norms, men don't face similar challenges as women; they don't have career breaks and find it much easier to move to a new city if it gives them better opportunities. Men are not expected to sacrifice career growth opportunities due to household or care responsibilities or move to a new city

after marriage. Very often, men have greater access to capacity building and networking opportunities which ultimately lead to their career advancement. The study draws attention to the limited understanding men have of the challenges women face. Barring a few men whose personal or organizational background is rooted in social or global development, the others attributed childcare responsibility as being the only additional barrier for women, unaware of challenges faced by women within organizations. However, as more men are at the decision-making table and women report facing challenges and microaggression from male colleagues, there is a need to engage with men to promote women's advancement and retention into leadership positions.

Another critical manifestation of norms can be witnessed at the role played by intersecting identities which exacerbate challenges faced by women at the workplace. The study presents evidence that young women leaders face more challenges with male reportees, and single women are often subjected more to sexist comments. However, due to lack of data it was unable to comprehensively understand the challenges faced by women due to intersecting identities such as caste, class, religion, sexual orientation. Organizations were requested to share anonymized and synthesized employee data across levels based on different characteristics including gender, caste status, migrant status, etc. However, we did not receive intersectional data from majority of the organizations. Organizations may not share data on other characteristics because they are not legally mandated to record it and there is a risk that it can lead to unintended discrimination. Understanding the challenges organizations face in capturing intersectional data is critical because there is a significant evidence gap on the impact of intersecting identities on women's careers in the health sector.

While the above-mentioned barriers pose a major challenge to women's career advancement, it is also pertinent to highlight a key finding



Comparison between men and women's career journeys

### Box 3: Leaks along career pathways: Impact of gender norms on women's workforce participation

A key barrier that participants reported is the burden of unpaid household and care work. Entrenched norms around women's role as primary caregivers affects their aspirations and decision to join and sustain in the workforce. Once in the workforce, women often forego career growth or development opportunities. This potentially has a lasting impact on their career trajectories. Two such cases in point in being:

- **Women who have completed medical degrees but are out of the workforce:** As per NSSO data (2017-2018) analysis, 37% of women with technical education in medicine are out of the labour force and around 60% of such women reported themselves engaged in household work. One of the key findings through the KIIs and IDIs was also that unpaid care work is one of the most critical challenges faced by women. As part of the study, the research team did not speak to women who have dropped out of the workforce after completing studies. There is a need to do in-depth research to build an evidence base on why women are dropping out of the workforce after completing medical degrees, at what age/what level do they drop out, challenges they face within organizations and in families, etc.
- **Women who experience career breaks due to unpaid care work and childbearing:** Through the interviews the research team found that women take career breaks due to household and care work. Organizations need to invest in active re-integration of such women employees to orient them to new projects. Hiring practices should be gender equitable and questions about the number of children, marital status, and childbearing plans should not be asked. Leaders should be empathetic and provide space and flexibility for women to return to the workplace. Gender inclusive policies such as providing care leaves to all staff would also help in signaling that care work is not just a woman's job. A systematic review of existing programs that have helped women rejoin the workforce would be very helpful.

The legal environment reinforces gender norms by not mandating parental or paternity leaves, thereby indicating that child care work is a woman's responsibility. Policy interventions are critical to recognize and redistribute women's unpaid care burden, for instance, policies around care leaves for all employees for childcare, elderly care, or care of sick family members. This would signal that men also have a role in care work and might help to reduce hiring biases against women. India lacks mandatory paternity laws, examining their implementation and impact globally could perhaps support the case for a more gender progressive rights framework, i.e., one which takes into account men's role in care work as well.

of the study, i.e., the significant positive role of supportive supervision in women's career growth. Supportive supervisors, whether male or female, were crucial in building women's skills and confidence, providing capacity-building opportunities, and offering exposure to important meetings. This support extended beyond technical skills to include positive feedback, empathy, compassion, and understanding of personal life situations. Participants shared that their supervisor's leadership style mattered the most; those who adopted feminist leadership traits of empathy, collaboration, inclusion, and accountability

were most valued. However, study participants noted that women leaders must navigate a fine line between being seen as 'assertive' and 'aggressive', facing different standards than men. While assertive men are often rewarded, assertive women are often labelled aggressive. Women are seeking transformative and feminist leadership styles in their supervisors which positively influences their workplace experiences and career trajectory. Perhaps, there is a need for executive leadership training programs based on feminist values and principles which should trickle down to the other managers in the organization as well.

# Section 7.

## Key Recommendations



This study aims to contribute to the body of knowledge around women's leadership by unravelling the unique barriers and enablers women face in accessing equal opportunities for career growth in the health sector in India. This section presents several ways to address the barriers identified in the study and to promote women's career advancement.

- There is a need to regularly generate and put out in the public domain sex-disaggregated health workforce data. This data could help identify gaps and create opportunities to support women's journey to leadership and may help organizations prepare a strategy map that clearly identifies affirmative actions at different points to address diversity and promote inclusion.
- It is critical that organizations make public their workplace policies as they foster transparency, build trust, and supports accountability. Most importantly it enhances employee engagement by providing clarity. Given gender norms within and outside the workplace, such transparency is critical to ensure that women can hold organizations accountable.
- It is important to address the misconception that policies, particularly those concerning maternity benefits, childcare leave/support, sexual harassment prevention, and any other affirmative policies, are biased in favor of women. These policies are designed to be rights-based and universal in their intent in that they benefit women, men and society more generally. A proactive strategy to anticipate and prevent negative reactions and resistance to affirmative action within organizations is necessary.
- Leadership in an organization plays a critical role in institutionalizing policies, adopting informal practices, and developing a workplace culture that either blocks or advance women's career potential. Developing and implementing an executive leadership training program grounded in feminist values and principles for senior and mid-management leaders would help create a positive work environment.
- Supportive supervision combined with personal agency and motivation can greatly overcome some of the structural barriers to women's career advancement. Ensuring an environment that promotes both these aspects within an organization is vital to advancing women's career trajectories.
- Periodic gender sensitization training should be undertaken by all staff. These should provide spaces for all employees to reflect on their own biases and unlearn harmful norms. During induction programs, new employees can also be taken through values of transparency, accountability, collaborative team management, and feminist leadership.

- Organizations should invest in building capacities of women, starting from the early career stage and customized to the needs and career development aspirations of each woman. It should include personal development, skill development, leadership and management training.
- Women who join after a career break should be supported by discouraging hiring bias and providing a longer orientation/induction support to help bridge knowledge/skill gaps that they may have. Lastly, in the initial phase, care should be taken to give them space and time to adjust to their new role. Supportive supervision would be helpful in such scenarios.
- It is critical to involve and engage with men across all levels. As people who are currently holding a larger share of power, their collaboration is important to create opportunities for women to climb the leadership ladder. Additionally, since male supervisees often do not respond to women leaders, it is important to engage with them to ensure that women do not face disruptions and difficulties as they take on leadership roles.
- There is need to develop a gender inclusive toolkit for different categories of organizations within the health care sector that can serve as guiding documents to enable organizations to become gender inclusive and support women's advancement to leadership positions. The toolkits could contain recommended measures around gender equitable hiring practices, gender equitable policies such care leave for all staff, creating women's fora, and gender training framework to sensitize employees to gender norms and biases. Regulatory bodies within the health care sector can be responsible for the adaptation and implementation of the toolkits.
- Finally, organizations should regularly monitor their performance on gender equitable indicators, take stock and make corrections, to ensure that the workplace remains responsive to the dynamic needs of employees, particularly women.



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**ICRW Asia**

Module 410, NSIC Business Park, 4th Floor, Okhla Industrial Estate, New Delhi - 110020

Tel: 91.11.46643333 | E-mail: [info.india@icrw.org](mailto:info.india@icrw.org) | Website: [www.icrw.org/asia](http://www.icrw.org/asia)

Facebook: [@ICRWAsia](https://www.facebook.com/ICRWAsia) | Twitter: [@ICRWAsia](https://twitter.com/ICRWAsia)

LinkedIn: <https://www.linkedin.com/company/international-center-for-research-on-women-icrwasia/>